

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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OCT 18 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)G	оптеу Сано		
II. Name of lobbyist's partn	ership, firm or corporation, if as	ny:	
AstraZeneca Pharmac	euticals, LP		
(Name of par	tnership, firm or corporation)		
3 Merles Lane	Stratham	NH	03385
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) <u>772-1559</u> (Telephone)	()(Fax)	e-mail geoffrey.g	allo@astrazeneca.com
	Choose one – file separate repor ions which are not attributable t		file a separate report for
All reportable transactions	s occurring in the months prior to t	the reporting date relative to the	following client:
AstraZeneca Pharma	ceuticals, LP		ng gy angul agul di Malanda ding aliku ay aling an and ding.
	Name of Client as it appears on the Lo	bbyist Registration Form)	
OR ☐ All reportable transactions unrelated to any particular clie	by the lobbyist (including the lobent.	byist's family), or the lobbying	firm listed below which are
•	1 26, 2017	July 26, 2017	
	ber 25, 2017 🗷 from 7/1/17 to 9/30/17	January 31, 2018 [] activity from 10/1/17 to 12/31/1	7
	es received and no reportable te just this form and submit it to th		
VI. Check if additional repo	rts are attached.		
-	or made expenditures, you must f	ile Addendum A- Fees and Ext	nenses
•	rarium or reimbursed expenses, yo	•	
-	family has made political contribu	utions, you must file Addendun	n C-Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15- and complete to the best of m (Signature of lobbyist) Geoffrey Gallo	B, RSA 14-C and RSA 664 and he	ereby swear or affirm that the fo	^ ·
(Print Name of lobbyist)			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Geoffrey Gallo					
II. Name of lobbyist's partnership, firm or corporation, if any:					
AstraZeneca Pharmaceuticals, LP					
(Name of partnership, firm or corporation)					
III. Name of Client	Date				
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services				
a) Total of all fees received in this reporting period	a) \$ <u>500.00</u>				
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ _1,250.00 ear)				
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>1,750.00</u>				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$_0.00				
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all eter meals purchased during a business as than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the er than \$25, but not greater than \$50 the expense reimbursement, or political				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$				
in a), of \$25 or less.	b) \$ <u>0.00</u>				
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00				

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0.00</u>
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	
I what I sellet	17 OCT 201/
(Signature of lobbyist)	(Date)
Geoffrey Gallo	
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	Geoffrey Gallo			
II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any:		
AstraZeneca Pharn (Name of pa	naceuticals, LP rtnership, firm or corporation)			
III. Name of Client			Date	
Political Contributions For each political contributions client/lobbyist and lobbyi			er 664 paid on behalf of the	
Full name of candidate:	Morse (Last Name)	Chuck (First Name)	(Middle Name/Initial)	
Amount of contribution \$ 1				
Full name of candidate:				
	•		(Middle Name/Initial)	
Amount of contribution \$		Office Candidate is	Seeking	
	ntribution on the line abo		s or services provided, and enter the tion. If the actual cost is not known,	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name) Office Candidate is		

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobby ist) Toct 20 > (Date)
Geoffrey Gallo (Print Name of lobbyist)